

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 2 2019

Stakeholder Input Summary

The Maryland Department of Health's (MDH) Family Supports, Community Supports, and Community Pathways Medicaid home and community-based services waivers provide individual and family supports for persons with developmental disabilities. The public comment period for the Amendments #2 2019 proposal was held from June 15, 2019 - July 14, 2019. In total, 132 unduplicated individuals, families, providers, and advocacy agencies submitted input. Below is a summary of the specific recommendations from the public and responses. Questions submitted during the input process will be placed in a separate document along with answers and posted to the DDA dedicated Amendment #2 2019 website.

Introduction/Purpose of Amendment		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation for elimination of point #7; "To clarify specific services that support community integration and engagement shall not include disability-specific classes, activities, events, or programs.	Clarification	<p>The DDA's intent is to support community inclusion and integration language and prevent the creation of specific disability services while supporting people's choice, preferences and inclusion.</p> <p>The DDA will revise the specific language as noted in red below in the service definitions under Personal Supports, Community Development Services, Supported Living, and Shared Living to read:</p> <p><i>"Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals."</i></p>

		<p><i>The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan."</i></p> <p>The DDA will revise reference language in the Purpose Of the Amendment to read: <i>"To clarify specific services that support community integration and engagement can be provided in a variety of community settings that does not isolate or have qualities of an institution; best represents the preference of the person; and promotes their outcome goals and well-being in the community."</i></p>
2. Comment that the stakeholder feedback detail provided here seems inflated.	Clarification	<p>The DDA has and will continue to partner with people in services, self-advocates, family members, service providers, advocacy organizations, and subject matter experts to enhance services and supports for Marylanders with developmental disabilities. The DDA receives recommendations, comments, and concerns from in person meetings, workgroups, and public forums. The DDA will continue to share information and overviews of the waiver and services through various means such as in person meetings and webinars. In addition, all stakeholders have the opportunity to share recommendations and comments during the official 30 day public comment period.</p>

<p>2. Comment that the multiple services described as day services, billed hourly, create a complex and more restrictive day for many people. The proposed day services will result in more administrative cost and oversight, more errors, and fewer choices for people as providers struggle to control errors and non-billable hours. Service definitions overlap, with only minor differences, and interpretation of the impact of the differences determines how a service is provided.</p>	<p>Clarification</p>	<p>The DDA has worked to unbundle Meaningful Day services to include a menu of discrete Employment Services that can be billed hourly, monthly and via milestone payments. DDA's current system of daily service delivery and billing does not allow for the level of flexibility people need to mix employment and other meaningful day services within the same day. This unbundling will people to have the flexibility to receive the services they need daily, based on their personally identified outcomes and goals. Employment services have been infused with best practices and higher competency and training requirements so that people are able to obtain specific outcomes related to employment.</p> <p>Unbundling has also allowed each service to have an identified rate that's based on findings from DDA's comprehensive rate study.</p>
<p>3. Recommendation for DDA to limit the provision of services in segregated provider-owned or controlled settings by modifying its language to preclude providers from offering waiver funded segregated classes, activities, events, or programs in provider-owned or controlled settings. The start date to July 2022 is proposed to allow time for providers to modify their programs and create new collaborative partnerships in the community.</p> <p>This will shift the emphasis towards accessing free or low-cost integrated activities. The goal of integration could be fostered by developing classes, activities, programs, or events in community locations away from a</p>	<p>Accepted with amendment</p>	<p>The recommendation and suggested standards would be considered a new "Tiered Standard" for the DDA service delivery system.</p> <p>The DDA will share this recommendation with the Tiered Standards advisory group for further discussion.</p>

<p>provider's building and opening them to the public.</p> <p>By focusing on the setting rather than on the activity prevents the unintentional restriction of individual choice in participating in activities that are already in the process of integrating, like Special Olympics and their vision for Unified Sports Teams, or in visiting with friends, having pool parties, attending conferences, and participating in advocacy events. The DDA could also add specific language to encourage the development of peer-run programs, which would provide an avenue for paid employment and control, as well as shared activities, like peer support centers in the mental health community</p> <p>Suggested language for waiver includes: "Waiver-funded services can be provided in a variety of settings in the community. Effective July 2022, providers may not offer waiver-funded disability-specific classes, activities, events, or programs in provider-owned or controlled settings to individuals receiving waiver services, with the exception of peer-run activities and licensed therapies for which there is no more integrated alternative."</p>		
<p>4. Recommendation to add a day service, billed in a daily unit, should be added to the waiver. The addition of one daily billed service provides an option for those who want to experience a range of options during the day including vocational training, skill development in communication, inclusion in social and recreational activities designed to build social /behavioral skills, health and fitness activities, and exploration of interests</p>	<p>Clarification</p> <p>Not accepted</p>	<p>The DDA has worked to unbundle Meaningful Day services to include a menu of discrete Employment Services that can be billed hourly, monthly and via milestone payments. DDA's current system of daily service delivery and billing does not allow for the level of flexibility people need to mix employment and other meaningful day services within the same day. This unbundling will support people to have</p>

<p>and preferences.</p>		<p>the flexibility to receive the services they need daily, based on their personally identified outcomes and goals. Employment services have been infused with best practices and higher competency and training requirements so that people are able to obtain specific outcomes related to employment.</p> <p>Unbundling has also allowed each service to have an identified rate that's based on findings from DDA's comprehensive rate study.</p>
<p>5. Comment that the new training requirements for CDS, HD, PS, ES and CE may pose a burden on providers if they become an unfunded mandate. Recommendation that the DDA provide information on what the specifics of training will be for programs and that there should also be a provision for employees who were trained at other agencies.</p>	<p>Clarification</p>	<p>As part of the rate study, the costs associated with training, including fees for required training, time spent in trainings and staff coverage while primary staff is in training have been built into each service's proposed rate.</p> <p>The DDA will share with stakeholders any additional designated specific training requirements beyond what is listed as minimum standards as finalized.</p> <p>Until the new Employment Services and their new rates begin, the DDA has committed to reimbursing providers for the cost associated with updated employment related training/competency requirement which has been shared with providers.</p> <p>The DDA is working with stakeholders to develop our training policy related to Direct Support Professional (DSP). The training policy includes national best practice core competency-based standards for all providers to implement. Once a</p>

		DSP is trained on the core competency areas they can take their training certificate to another agency and will only need to demonstrate the skill acquisition.
6. Recommendations to remove: "Staff may not be paid mileage reimbursement when using their vehicles to provide transportation especially under Community Development and Personal Supports services.	Clarification	Transportation supports are a component of some meaningful day, support, and residential services including Personal Supports and Community Development Services. Payment for transportation related expenses are based on the employer's business model. There is no language in the waiver that restricts the provider from providing mileage reimbursement.
7. Recommendation for keeping the criminal background check requirements unchanged from Waiver Amendment #1 and handling the details for background checks through regulation.	Clarification	<p>The revised language that was included in Amendment #1 2019 is reflected in Amendment #2 2019 proposal. There were no changes.</p> <p>The language related to "Draft Regulations" notes: "Subject to amendment as part of the process to promulgate regulations, the DDA will requires that <i>persons selected by individuals with a developmental disability to provide waiver services</i> successfully pass a criminal background check, as detailed herein." (emphasis added).</p> <p>To further support the revised language from Amendment #1, the DDA will also add the following revised language from Amendment #1 under the "Draft Regulation" information in this section: Background screening is required for volunteers who:</p>

		<p>(1) Are recruited as part of an agency's formal volunteer program; and</p> <p>(2) Spend time alone with participants.</p> <p>Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.</p>
<p>8. Recommendation to replace the following paragraph with the new paragraph below: Regarding Criminal Background checks that are associated with self-directed services staff and employees:</p> <p>CURRENT Language: Participants enrolled in DDA's Self-Directed Services delivery model may request that DDA waive these criminal background check requirements. DDA may permit waiver of the criminal background check requirements only if the criminal background check indicates behavior that would not be potentially harmful to an individual with a developmental disability</p> <p>REPLACE with: If a potential hire has committed a criminal act which might be considered a felony then the person who is self-directing the service or their designated representative has the authority to waive the criminal background check requirements unless the crime is against a vulnerable adult, or abuse or neglect of a child.</p>	Not accepted	<p>The DDA may permit waiver of the criminal background check requirements <i>only if</i> the criminal background check indicates behavior that would not be potentially harmful to an individual with a developmental disability.</p>

<p>9. Comment related to concerns about “other funding language” and how individuals may be subjected to significant and unmanageable delays because of staffing and funding conditions at DORS.</p> <p>Recommendation for the DDA to add mitigating language such as time limit or discretionary authority within DDA.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Language in Meaningful Day service authorization guidance includes that “the person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.”</p> <p>If the service is not available or appropriate then the DDA service will be authorized. If DORS services are not available, due to capacity or time limit, then there is no requirement to wait for them before receiving authorization for a DDA Meaningful Day service.</p>
<p>10. Comment to clarify language so the requirements for all providers in all services are clearly written to allow any provider qualified to provide the service in Maryland to be able to provide the service to waiver participants regardless of whether they have submitted a DDA application or not.</p>	<p>Clarification</p>	<p>If an individual is applying to be a private vendor and bill directly to Medicaid for those services, they must become a DDA provider. If they are hired via a DDA agency that has been approved to provide services, then they do not have to complete the provider application.</p>
<p>11. Recommendation that for each service definition for which participant direction is an option, there should be no requirement that any provider must submit a “DDA provider application.”</p>	<p>Clarification</p>	<p>For services that the participant has employer authority, the professional or individual does not need to complete the DDA provider application. For services that the participant has budget authority only, the provider including professionals and other individuals providing the services must complete the DDA application and meet the qualification requirements listed within the waiver for the associated services.</p>

		<p>Community-Based Waiver [Version 3.6, January 2019], Instructions, Technical Guide and Review Criteria, Release Date: January 2019).</p> <p>In other words, Waiver programs do not replace Maryland’s Medicaid State Plan services. Page 116 of the federal guidance also notes “Waiver services complement and supplement services that are furnished under the state plan. Waiver services may not duplicate the services that are provided under the state plan but a waiver may expand upon the amount, duration, and frequency of services provided under the state plan except for EPSDT services.”</p> <p>In terms of Maryland’s Medicaid State Plan Community First Choice (CFC) program, the federal preamble for the program’s final rule noted “We recognize there may be instances in which individuals are eligible for similar services under more than one Medicaid authority. As indicated in § 441.510(e) individuals receiving CFC services will not be precluded from receiving other home and community-based long-term care services and supports through other waiver, State plan or grant authorities. To prevent duplication of the provision of services to the same individual, steps must be taken when developing the person- centered service plan, to prevent the provision of unnecessary or inappropriate care, as required at § 441.540(b)(12).”</p> <p>The DDA will continue to work with the Medicaid Office, along with the Maryland Department of</p>
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		Disabilities, to ensure smooth coordination of state plan and waiver services for all individuals served. Our practices, services, and policies must be informed by the guidance provided to the state by CMS.
15. Comment that people have shown that they want a mix of activities and experiences in a given week and flexibility, to adjust based on health, behavior, weather, location, etc. While the multiple service definitions and hourly units appear to create more flexibility, in reality, it reduces choice and will result in more rigid, predetermined daily schedules. The implementation strategy of predetermining caps for each service for each month is highly restrictive, will create less flexible services or more unbillable hours for providers, and increase obstacles for a person to change his/her mind.	Clarification	<p>The DDA has worked to unbundle Meaningful Day services to include a menu of discrete Employment Services that can be billed hourly, monthly and via milestone payments. DDA's current system of daily service delivery and billing does not allow for the level of flexibility people need to mix employment and other meaningful day services within the same day. This unbundling will allow people to have the flexibility to receive the services they need daily, based on their personally identified outcomes and goals. Employment services have been infused with higher competency and training requirements so that people are able to obtain specific outcomes related to employment.</p> <p>Unbundling has also allowed each service to have an identified rate that's based on findings from DDA's comprehensive rate study.</p>
16. Comment that given that the waiver does not provide funding for housing or room and board, the state will need to provide funding that is reasonable to supplement the fee from the individual. It is not possible to provide housing and food, supplies, furnishings, and all household items for less than \$800 to \$1200 per month	Clarification	The DDA is reviewing the current room and board requirements and corresponding rate which has not been adjusted in 20 years to account for the cost of living increases.

This restriction to make decisions about who is involved in their life jeopardizes safety and mental health. However, if the participant needs frequent explanations and other guidance, they are afforded more rights and access to choices. Mentally disabled individuals should be able to direct their services and choose who is involved in their life. Physically disabled individuals should be able to do the same.”		
Assistive Technology and Services		
Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Behavioral Support Services		
Recommendation	Dept. Response	Dept. Comment
Recommendation that behavioral supports services professionals that have the appropriate certification to provide behavior supports or any other service and is not seeking licensure to become an agency should not be required to complete the DDA provider application.	Clarification	If an individual is applying to be a private vendor and bill directly to Medicaid for those services, they must become a DDA provider. If they are hired via a DDA agency that has been approved to provide BSS services, then they do not have to complete the provider application.
Career Exploration		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to add “An individual can request the service again if: 1) the person changes provider agencies; 2) the agency did not adequately provide the service to the person’s benefit; 3) there are changes in the person’s	Accepted with amendment	The DDA will revise the language to reflect: " <i>Career Exploration services for participants accessing this service for the first time is limited to up to 720 hours for the plan year unless otherwise authorized by</i>

health or mental status; or 4) it has been 3 or more years since the last career exploration. People utilizing career exploration services shall have up to 12 months to use the 720 hours, regardless of where the 12 months fall in a plan year.		<i>DDA."</i> The DDA will develop guidance related to when authorization above the limit can occur.
2. Concerns that language: "Career Exploration includes . . . Group Supports . . . where the group completes work tasks on a contract basis . . . the licensed provider is the employer of record." can mislead one to conclude that "contract work" cannot qualify under Ongoing Supports.	Clarification	Ongoing Job Supports service authorization language includes that "the person and their team certify that the employment situation meets the criteria of competitive integrated employment (CIE) outlined in DDA's guidance." Ongoing Job Supports are designed to support a person in maintaining their CIE. Guidance states that DDA's policy is not meant to disqualify certain types of work, but that each decision is made based on the quality of an individual person's experience on their job.
3. Recommendation for removing the restriction that a person may not be reauthorized for Career Exploration hours if they need the service a year after they last used it to access employment. It should be acknowledged the most people will change careers in their lifetime, and the service should be therefore be available to people more than once in their lifetime.	Clarification Not Accepted	Accessing the time-limited service called Career Exploration (facility-based, small-group and large-group) is not necessary in order for a person to be supported to prepare for, seek or obtain competitive integrated employment. Best practices show that this can best be accomplished through the use of individualized process, that may include some or all components of the customized employment process. Time-limited unpaid work trials and internships designed to support a person's path to employment are allowable under Day Habilitation, Community Development Services, Employment Discovery and Customization, as well as the service called Discovery, set to start July 2020.

<p>4. Comment that career exploration needs to be allowed for all people regardless of when they begin the service. Limiting the service to ninety days is arbitrary, and not based on a person centered process. The time limit on career exploration after July 1, 2020 will reduce job options rather than lead to more individualized employment.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Accessing the time-limited service called Career Exploration (facility-based, small-group and large-group) is not necessary in order for a person to be supported to prepare for, seek or obtain competitive integrated employment.</p> <p>Best practices show that this can best be accomplished through the use of individualized process, that may include some or all components of the customized employment process. Time-limited unpaid work trials and internships designed to support a person's path to employment are allowable under Day Habilitation, Community Development Services, Employment Discovery and Customization, as well as the service called Discovery, set to start July 2020.</p>
<p>5. Recommendation to edit the description of nurse health case management to clarify that this service is not required for all people using the Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation Services.</p>	<p>Clarification</p> <p>Accepted</p>	<p>Career Exploration services include:</p> <ol style="list-style-type: none"> 1. Staff support services that enable the participant to learn skills to work toward competitive integrated employment; 2. Transportation to, from, and within the activity; 3. Nursing Health Cases Management services; and 4. Personal care assistance can be provided during activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living. <p>Nursing Health Cases Management services should</p>

		<p>be provided based on assessed need. Therefore every participant receiving support are not required to have Nurse Health Case Management services if there is no assessed need.</p> <p>The DDA will revise the language as noted in red below to reflect: "3. Nursing Health Cases Management services <i>based on assessed need</i>; and</p> <p>The DDA will also add the following language under the Service Requirements: <i>"Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C. "</i></p>
Community Development Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that DDA could, through this waiver amendment or regulation, add a requirement or method of oversight to ensure people are engaged in meaningful work/activities. It could be something like the requirement that an individual have a volunteer or work from home plan (business plan) as part of their PCP for team approval and DDA review of the setting.	Clarification	<p>People's outcomes and goals are determined through an individualized Person Centered Planning (PCP) process. This process begins with the understanding that all people have the right to live, love, work, play and pursue their aspirations in their community. To that end, people have the right to figure out and pursue their good life. What defines a good life is as individual and unique as the person being supported. Each person's PCP includes a required Employment Focus Area of Exploration (FAE). The FAE includes</p>

		questions about barriers to employment in order to identify potential next steps related to these goals.
<p>2.(a) Comment that person understand from attending the DDA Quarterly Provider Meeting on July 11, 2019 that the intent of proposed language was not to exclude individuals served from attending activities such as Special Olympics or Therapeutic Horseback Riding however, the language does not agree with previous conversations with have had with DDA headquarters staff.</p> <p>(b) Recommendation to remove: “with the exception of disability specific classes, activities, events, or programs.”</p> <p>(c) Recommendation related to Para. B should include language such as “... <i>unless the class, activity, event, or program is directly and specifically provides the participant opportunities to learn, develop, and maintain general skills and gain increasing experiences to transition to participation in more inclusive classes, activities, events, or programs</i>”.</p>	Clarification	<p>The DDA's intent is to support community inclusion and integration language and prevent the creation of specific disability services while supporting people's choice, preferences and inclusion.</p> <p>The DDA will revise the specific language in the service definitions under Personal Supports, Community Development Services, Supported Living, and Shared Living to read:</p> <p><i>"Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan."</i></p>
<p>3. Recommendation for Page 19: Service Definition B, to:</p> <p>Add “in home or in the community” to #5.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>This service is provided in the community with the exception of time-limited periods of the day when supports are needed in the home due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral</p>

Add #6. Engaging in self-employment and/or hobby activities in the home that result in engagement with community members outside the home at other times.	Not accepted	needs as indicated in the Person-Centered Plan. Supports for self-employment can be provided under employment related services and supports to develop or maintain hobby activities can be supported under personal supports.
4. Recommendation to edit the description of nurse health case management to clarify that this service is not required for all people using the Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation Services.	Accepted	<p>Community Development Services include:</p> <ol style="list-style-type: none"> 1. Support services that enable the participant to learn, develop, and maintain general skills related to community integration, volunteering with an organization, or performing a paid or unpaid internship; 2. Transportation to, from, and within activities; 3. Nursing Health Case Management services; and 4. Personal care assistance can be provided during community activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living. <p>Nursing Health Cases Management services should be provided based on assessed need. Therefore every participant receiving support are not required to have Nurse Health Case Management services if there is no assessed need.</p> <p>The DDA will revise the language as noted in red below to reflect: "4. Nursing Health Cases Management services <i>based on assessed need</i>; and</p> <p>The DDA will also add the following language under</p>

		<p>the Service Requirements:</p> <p><i>"Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C. "</i></p>
<p>5. Recommendation that Personal Supports should be able to be provided during Community Development Services.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Personal Supports is a support service that can not be provided at the same time as Community Development Services as this is considered a conflict.</p> <p>However, “personal care assistance” can be provided during community activities within Community Development Services, so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.</p>
<p>6. Comment that the proposed language is restrictive language and would effectively negate the ability of those in services to take advantage of advocacy training which is disability specific.</p>	<p>Clarification</p>	<p>The proposed language will be revised to reflect "Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person’s preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person’s overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered</p>

		<p>plan.”</p> <p>In addition, the current waiver definition for Community Development Services supports self-advocacy training and activities. See <i>bold/italics</i> below:</p> <p>“Community Development Services may include participation in the following activities:</p> <ol style="list-style-type: none"> 1. Engaging in activities that facilitate and promote integration and inclusion of a participant in their chosen community, including identifying a path to employment for working age individuals; 2. Travel training; 3. <i>Participating in self-advocacy classes and activities;</i> 4. Participating in local community events; and 5. Volunteering.
<p>7. Recommendation for Service Requirement B to:</p> <p>Add “, <i>including the participant’s home</i>” at the end of the sentence.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Community Development Services are separate and distinct from residential services. Participants may return home or to the provider operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the Person-Centered Plan.</p>
<p>8. Recommendation for Service Requirement B to:</p> <p><i>ADD: Transportation services will be a stand-alone service that can be used in conjunction with any other service available to self-directing participants.</i></p>	<p>Clarification</p>	<p>Transportation supports are a component of meaningful day and residential services. Payment for transportation related expenses are based on the self-directed participant’s employer business model and can be noted as a single line item in the person’s budget.</p>

<p>Modify Service Requirement J as follows: “[Add <i>Except for participants receiving this service via Participant-Directed Services</i>], transportation to and from and within this service is included within the Community Development Services. The mode of transportation which achieves the least costly, and most appropriate means of transportation for the participant with priority given to the use of public transportation when appropriate. Transportation will be provided or arranged by the licensed provider [remove “or self-directed participant”] and funded through the rate system. [Remove “or the Community Development Services self-directed service budget”]. Add: <i>Transportation will be a standalone service for in budgets for participants who self-direct.</i></p> <p>The same recommendation for any service under which individuals have employer authority and would be paying mileage reimbursements to their employees or utilizing transportation supports such as taxi services or public transportation services.</p>	Not accepted	<p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p>
<p>9. Comment related to language that notes the service “includes the cost associated with staff training such as First Aid and CPR;” appears to conflict with statement at “G. Under the self-directed services delivery model, this service includes the option to provide staff training” with no limitation to type of training.</p> <p>[This comment also relates to other places in the Amendment regarding staff training]: Please clarify DDA’s intent regarding staff training.</p>	Clarification	<p>Service Requirement G provides the option for participants using the self-directed service delivery model the option to require their staff to complete additional training topics beyond First Aid and CPR.</p>
<p>10. Comment to reconsider excluding a participant’s</p>	Not accepted	<p>This service is provided in the community with the</p>

<p>home in definition of community so that services may truly be in and OF the community, natural, and may also meet the needs of some people who may not be able to tolerate a day out and about when they can be productive, income earning members of the community from a home office.</p> <p>Recommend that DDA could, through this waiver amendment or regulation, add a requirement or method of oversight to ensure people are engaged in meaningful work/activities.</p>		<p>exception of time-limited periods of the day when supports are needed in the home due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the Person-Centered Plan.</p> <p>Supports for self-employment can be provided under employment related services and supports to develop or maintain hobby activities can be supported under personal supports.</p>
Community Living--Enhanced Supports		
Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Community Living--Group Home		
Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Day Habilitation		
Recommendation	Dept. Response	Dept. Comment
1. Comment that providers should be able to bill for transportation time under Day Habilitation; at least an agreed upon amount of time.	Not accepted	Transportation to and from and within this service is included within the services and rate. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with

		priority given to the use of public transportation when appropriate.
2. Clarify what is meant by “generic” internships in service requirements.	Clarification	The DDA will remove the word "generic" to prevent any further confusion.
3. Recommendation to edit the description of nurse health case management to clarify that this service is not required for all people using the Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation Services. "	Accepted	<p>Day Habilitation Services include:</p> <ol style="list-style-type: none"> 1. Support services that enable the participant to participate in the activity; 2. Transportation to, from, and within the activity; 3. Nursing Health Cases Management services; and 4. Personal care assistance can be provided during day habilitation activities so long as it is not the primary or only service provided. <p>Nursing Health Cases Management services should be provided based on assessed need. Therefore every participant receiving Day Habilitation supports are not required to have Nurse Health Case Management services if there is no assessed need.</p> <p>The DDA will revise the language as noted in red below to reflect: ""3. Nursing Health Cases Management services <i>based on assessed need</i>; and The DDA will also add the following language under the Service Requirements:</p> <p><i>"Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C."</i></p>

Employment Discovery and Customization		
Recommendation	Dept. Response	Dept. Comment
1. Clarify if a discovery and customization professional must complete the DDA provider application. If an individual has the appropriate certification, they should not be required to complete a DDA provider application unless they're seeking licensure on behalf of an agency.	Clarification	If an individual is applying to be a private vendor and bill directly to Medicaid for those services, they must become a DDA provider. If they are hired via a DDA agency that has been approved to provide services, then they do not have to complete the provider application.
2. Recommendation that these services have Employment Authority so that self-directing participants are able to hire an employee with the required certifications to provide this service rather than be required to only receive these services through a licensed provider.	Not accepted	To ensure qualified providers, this service has budget authority only. National competency based training are identified for the DDA approved certification in employment to ensure a pool of qualified providers. Participants self-directing services can still select (hire) and fire the provider.
Employment Services		
Recommendation	Dept. Response	Dept. Comment
1. (a) Clarify when ES will start. (b) Page 53: The title section indicates the service will start December 1, 2019, but under Service Definition it indicates it will start December 1, 2020. Please clarify which date is correct?	Clarification	New Employment Services are set to begin December 1, 2019 for pilot participants. This is an error and will be corrected. <i>Employment Services are set to begin December 1, 2019.</i>
2. Recommendation for increasing ongoing job supports from the maximum of 10 hours per day up to 12 hours	Accept with amendment	The DDA will monitor service request and

per day, beginning December 1, 2019		utilization of this service for consideration of adjustments to the limit in a future amendment.
3. Comment that the level of funding available for Self-Employment Development Supports” is insufficient to support the initial business planning stage for a new business.	Not accepted	Self-Employment Development Supports include assistance in the development of a business and marketing plan, including potential sources of business financing and other assistance in developing and launching a business. The completion of a business and marketing plan does not guarantee future funding to support a business outlined in the plans. Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.
4. Recommendation that DDA ensures that individuals pursuing self-employment have access to Ongoing Job Supports, if needed, or an alternative Ongoing Support service of similar scope.	Clarification	Follow-Along Job Supports and/or Ongoing Job supports can be authorized for those services to support self-employment.
5. Recommendation to add the italicized words to the statement: “participants that are promoted with new job tasks, or changes positions or circumstances, can receive Ongoing Job Supports <i>regardless of whether they previously received Ongoing Job Supports.</i> ”	Clarification Not accepted	Current waiver definition for ongoing job supports includes “ <i>individualized supports a person may need to successfully maintain their job.</i> ”
6. Recommendation to add language which articulates its state intent to not exclude eligibility for Ongoing Job Supports for employed individuals in cases where a provider is the employer of record.	Clarification Not accepted	Ongoing job supports are support people in competitive integrated employment. Each employment characteristics and the quality of the person's experience will be considered on a case-by-case basis to determine if it meets the

		<p>competitive integrated employment standard.</p> <p>The DDA is working with stakeholders on policy and guidance related to Competitive Integrated Employment (CIE) which includes:</p> <p>“The following types of positions may or may not qualify as CIE, depending on the characteristics and the quality of the person's experience and will be considered on a case-by-case basis:</p> <ul style="list-style-type: none"> ● The person is: <ul style="list-style-type: none"> ○ Working directly for a DDA funded service provider, or ○ Receiving services from a DDA funded service provider who is also the employer of record, or ○ Working as an employee of a provider owned/operated business ● The person is employed through the federal AbilityOne (JWOD), Maryland Works Employment programs ● Other types of contracted employment”
<p>7. Comment that the restriction of volunteering, apprenticeships or internships only being a part of the discovery process and time limited is contrary to well-proven career advancement strategies practiced in the competitive workforce. There should be flexibility in timeframes dependent on career path or industry. If</p>	<p>Clarification</p>	<p>The DDA agrees and supports volunteerism as a proven path to gain work related experience. Long-term volunteerism (outside the scope of time-limited Discovery) is currently supported under Community Development Services and Day</p>

<p>this is supported under a non-employment service, then a reference statement should be added to Employment Services.</p>		<p>Habilitation, or through the time-limited Career Exploration.</p> <p>Excerpt from Centers for Medicare and Medicaid Services (CMS): “Supported employment individual employment supports do not include volunteer work. Such volunteer learning and training activities that prepare a person for entry into the paid workforce are addressed through pre-vocational services.” (Reference: CMCS Informational Bulletin “Updates to the §1915 (c) Waiver Instructions and Technical Guide regarding employment and employment related services “ dated September 16, 2011 page 10. Link to memo: https://dda.health.maryland.gov/Pages/Developments/2015/Attachment%203%20CIB-09-16-2011.pdf)</p>
<p>8. Recommendation to add <i>based on individual circumstances</i> to this requirement: Discovery services are limited to once every two years unless otherwise authorized by the DDA.</p>	<p>Clarification</p>	<p>The DDA has created guidance related to service authorization and includes the following language related to Discovery:</p> <p><i>“Discovery Services will be authorized once every 24 months unless the person experiences an unexpected life event that requires a discovery service more than once in a 24-month period.”</i></p>
<p>9. Recommendation the DDA add clarifying language that individuals employed through government preference contracting may qualify under CIE and be eligible for Ongoing Job Supports.</p>	<p>Clarification</p>	<p>Follow Along Job Supports and Ongoing Job Supports are designed to support Competitive Integrated Employment (CIE).</p>

		<p>Guidance in DDA’s CIE policy includes:</p> <p>“The following types of positions may or may not qualify as CIE, depending on the characteristics and the quality of the person's experience and will be considered on a case-by-case basis:</p> <ul style="list-style-type: none"> ● The person is: <ul style="list-style-type: none"> ○ Working directly for a DDA funded service provider, or ○ Receiving services from a DDA funded service provider who is also the employer of record, or ○ Working as an employee of a provider owned/operated business ● The person is employed through the federal AbilityOne (JWOD), Maryland Works Employment programs ● Other types of contracted employment”
<p>10. Comment that the 6-month limit on Follow Along services is unrealistic. Follow Along services should be much longer and driven solely based on individual circumstances.</p> <p>Recommendation the DDA develop a policy whereby individuals could maintain eligibility for, at a minimum, crisis support services and that the DDA ensure that individuals are made aware of it.</p>	Clarification	<p>There is no 6-month limit on Follow-Along services. A person may receive these services on an ongoing basis. Per the service authorization instructions:</p> <p><i>“Services will be authorized on an ongoing basis unless the PCP specifies the time limit or the competitive integrated employment terminates.”</i></p>

Recommend an extended period of intermittent follow up (contact) beyond the Follow Along service category be instituted.		
11. Recommendation that Job Development and Ongoing Job Support services, especially when combined with other meaningful day services, should not be limited to 40 hours per week.	Not accepted	Currently participants receive on average 6 hours per day of meaningful day supports. Ongoing Job Support services can be provided for up to 10 hours per day. The DDA will monitor service utilization and request for future considerations.
<p>12. Comment that “employment services are also too complex and the separation of job development and support on the job will not improve employment options. The definition proposed for competitive integrated employment will result in job loss for many people. An alternative to CIE needs to be identified to allow a person to have paid work which does not meet this definition and this option should not be time limited. It is not realistic that all people will find CIE and maintain it with support.</p> <p>The additional requirement for job developers to pass a certification is excessive and expensive. The certification test will be an obstacle to job development and not add enough value over taking ACRE to justify the requirement.”</p>	Clarification	<p>DDA’s menu of employment services are designed to provide more flexibility and meet the needs of a variety of people and circumstances.</p> <p>The skills and competencies required to provide job development based on current best practices are higher and different than a person providing only ongoing supports.</p>
13. Recommendation for Discovery milestone #3 related to the creation of a job development plan only be required if the person utilizing supports is in fact entering job development.	Accepted	The language will be revised to reflect: " 3. Milestone #3 – includes discovery profile, picture and/or written resume, <i>and the creation of an Employment Plan, outlining next recommended steps, including a Job Development plan if applicable.</i> "

<p>14. Recommendation to permit staff to pass the required employment certification exam within 6 months of completing their required employment work experience.</p>	<p>Clarification</p>	<p>Employment Specialists providing billable deliverables for these services (Discovery, Job Development and Self-Employment Development Supports) that are within their initial 365 days, who do not currently have proof of competency as outlined above, must have their work supervised and approved by a supervisor who holds current proof of competency through Certified Employment Support Professional (CESP) certification. It is up to each certified Employment Services provider to create a plan to address how they will assess staff competencies.</p> <p>Employment Specialists that are within their initial 365 days that require additional training in order to sit for, and potentially pass, the CESP exam, should complete and receive a certificate of achievement for, an Association of Community Rehabilitation Educators (ACRE) Basic Employment Services 40 hour training. This training should be received from an ACRE approved vendor of this curricula.</p>
<p>15. Recommendation to edit the description of nurse health case management to clarify that this service is not required for all people using the Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation Services.</p>	<p>Accepted</p>	<p>Employment Services provides the participant with a variety of flexible supports to help the participant to identify career and employment interest, find and keep a job including:</p> <ol style="list-style-type: none"> 1. Discovery – a process to assist the participant in finding out who they are, what they want to do, and what they have to offer; 2. Job Development – supports finding a job including customized employment and

		<p>self-employment;</p> <p>3. Ongoing Job Supports – various supports a participant may need to successfully maintain their job;</p> <p>4. Follow Along Supports – periodic supports after a participant has transitioned into their job;</p> <p>5. Self-Employment Development Supports – supports to assist a participant whose discovery activities and profile indicate a specific skill or interest that would benefit from resource ownership or small business operation;</p> <p>6. Co-Worker Employment Support-supports in a situation when an employer has identified that an onsite job coach would not be optimal, yet the participant could still benefit from additional supports; and</p> <p>7. Nurse Health Case Management services.</p> <p>Nursing Health Cases Management services should be provided based on assessed need. Therefore every participant receiving supports are not required to have Nurse Health Case Management services if there is no assessed need.</p> <p>The DDA will revise the language as noted in red to reflect: "7. Nursing Health Cases Management services <i>based on assessed need</i>; and</p> <p>The DDA will also add the following language under the Service Requirements:</p>
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		<i>"Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C. "</i>
Environmental Assessment		
Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Environmental Modifications		
Recommendation	Dept. Response	Dept. Comment
Recommendation to remove requirement for environmental modifications professional to complete in-service training on the person centered plan and DDA required training prior to service delivery. If we are only discussing an agency that is contracted with to provide modification to a home why is it necessary for training on the person centered plan? We are discussing a time-limited service that will be provided by a vendor and not an individual staff person therefore PCP training should not be necessary.	Clarification	<p>Providers must complete training designated by the DDA. At this time, the DDA has not designated specific training requirements beyond what is listed as minimum standards.</p> <p>Provider must also complete necessary person specific pre/in-service training based on the Person-Centered Plan. For example, if a person is sensitive to loud noises, odors, etc., the provider must be informed in order to consider alternative building materials and modification strategies.</p>
Family Caregiver Training and Empowerment		

Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Family and Peer Mentoring Supports		
Recommendation	Dept. Response	Dept. Comment
Recommendation for participants self-directing services to have employer authority for family and peer mentoring supports if DDA has been unable to identify specific provider for this service	Clarification	<p>The DDA has currently certified 48 providers for Family and Peer Mentoring Supports. Providers can be viewed on the DDA website at:</p> <p>For Family Supports Waiver Providers - https://dda.health.maryland.gov/Pages/FSW_Providers.aspx</p> <p>For Community Support Waiver Providers - https://dda.health.maryland.gov/Pages/CSW_Providers.aspx</p> <p>For Community Pathway Providers - Central Maryland Providers - https://dda.health.maryland.gov/Pages/cmro-provider.aspx</p> <p>Eastern Shore Providers - https://dda.health.maryland.gov/Pages/esro-providers.aspx</p> <p>Southern Maryland Providers - https://dda.health.maryland.gov/Pages/smro-provider.aspx</p>

		s.aspx Western Maryland Providers - https://dda.health.maryland.gov/Pages/wmro-providers.aspx
Housing Support Services		
Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Individual and Family Directed Goods and Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to expand services by either: 1. Add red language to D - The goods and services may include, but are not limited: OR 2. Add red language to D - The goods and services may include: 8. Other goods and services that meet the service requirements under A.1-4.	Accepted with amendment	The DDA will add to D - The goods and services may include: <i>"8. Other goods and services that meet the service requirements under A.1-4 and C."</i> A. and C. language notes: A. Individual and Family Directed Goods and Services are services, equipment, or supplies for self-directing participants that: 1. Relate to a need or goal identified in the Person-Centered Plan; 2. Maintain or increase independence; 3. Promote opportunities for community living and inclusion; and 4. Are not available under a waiver service or State Plan services.

		C. Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the participant.
2. Recommendation to add Music Therapy back to the Self Direction Waiver.	Clarification Accepted	The DDA proposal includes adding music therapy under this service option. The proposed amendment reflects services include: "Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding with recommendation from a licensed professional in the relevant field."
3. Recommendation to keep language related to: "... fees for activities that promote community integration." This will unnecessarily narrow opportunities for meaningful community engagement.	Not accepted	<p>Medicaid home and community based service waivers can include a broad range of health and health-related services, social and supportive services, and individual supports. Social and supportive services related to social and recreational programming. They do not pay for activity cost.</p> <p>The DDA will continue to encourage and recommend that people engage in community activities that are free or use their personal funds. The DDA will not pay for admission food, or tuition cost for the person or their staff.</p> <p>Resources related to free events include: https://washington.org/free-things-to-do https://weta.org/local/calendar https://www.eventbrite.com/d/md--baltimore/free--events/</p>

4. Recommendation that the DDA should fund courses that are not otherwise available through DORS. Since DORS is required to fund tuition if it is directly related to the individual's plan for employment, many credit-bearing and/or vocational training courses are available to waiver participants with DORS plans. For those courses that do not have a direct bearing on future employment, or for individuals who are already working and not seeking DORS services, taking classes is an important and potentially quite cost-effective way of participating in community life, particularly when compared with the costs of day habilitation or 1:1 supports	Not accepted	<p>Medicaid home and community based service waivers can include a broad range of health and health-related services, social and supportive services, and individual supports.</p> <p>Participants can consider exploring the “participant education, training, and advocacy support” waiver service and also considered their personal funds similar to the general public.</p>
5. Disagreement to adding “noncredit courses,” as noted below “17. Tuition including post-secondary credit and noncredit courses,” as they may provide job skill and life skills. These programs facilitate interaction between participants, members of the community and student volunteers from Towson.	<p>Clarification</p> <p>Not accepted</p>	<p>Medicaid home and community based service waivers can include a broad range of health and health-related services, social and supportive services, and individual supports.</p> <p>Participants can consider exploring the “participant education, training, and advocacy support” waiver service and also considered their personal funds similar to the general public.</p>
6. Recommendation to offer this service under the traditional service delivery model.	Not accepted	As per federal guidelines, this service is limited to waivers that incorporate the Budget Authority participant direction opportunity.
7. Recommendation that these services, as therapies, more appropriately belong in CMS Category 11: Other Health and Therapeutic Services.	Clarification	Assistive technology, durable medical supplies, and environmental modifications may support adaptation services. Medically necessary therapies recommended by professional clinicians are covered

		<p>under Medicaid. For some items, participants can consider using their personal funds similar to the general public.</p> <p>The DDA will add to D - The goods and services may include: "8. Other goods and services that meet the service requirements under A.1-4 and C."</p>
8. Comment that in this category, funding should not be capped nor only provided when individuals are forced to locate savings in other areas of need.	Not accepted	Individual and Family Directed Goods and Services are purchased from the participant-directed budget savings and must be documented in the Person-Centered Plan.
Live-In Caregiver Supports		
Recommendation	Dept. Response	Dept. Comment
Recommendation to alter the service providers/recipient of payment to address self-directing participants who live in their own home with supports from an unpaid live-in caregiver.	Clarification	Live-in Caregiver Supports are available under the self-directed service delivery model for people who live in their own home with supports from an unpaid live-in caregiver. The purpose of Live-in Caregiver Supports is to pay the additional cost of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who is residing in the same household with an individual. Live-in Caregiver Supports for live-in caregivers is not available in situations in which the participant lives in his/her family's home, the caregiver's home, or a residence owned or leased by a DDA-licensed

		<p>provider.</p> <p>Community First Choice and personal supports are options to explore for supports in the family home.</p>
Medical Day Care		
Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Nurse Consultation		
Recommendation	Dept. Response	Dept. Comment
Recommendation that the RN not be required to carry Commercial Liability Insurance, but rather “Professional Liability Insurance.”	Clarification	If the Registered Nurse (RN) is an agency then he/she should have commercial insurance. If the RN is an employee then it would be the professional liability insurance.
Nurse Case Management and Delegation		
Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Nurse Health Case Management		
Recommendation	Dept. Response	Dept. Comment
Recommendation to edit the description of nurse health case management to clarify that this service is not required for all people using the Employment Services, Supported Employment, Community Development	Accepted	Nursing Health Cases Management services should be provided based on assessed need. Therefore every participant receiving Employment Services, Supported Employment, Community Development

Services, Career Exploration, and Day Habilitation Services.		<p>Services, Career Exploration, or Day Habilitation Services supports are not required to have Nurse Health Case Management services if there is no assessed. need.</p> <p>The DDA will revise the language to reflect:</p> <p>"Nurse Health Case Management services are included in Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation services <i>based on assessed need</i>. Nurse Health Case Management services are not available to participants receiving Nurse Consultation or and Nurse Case Management and Delegation Services."</p>
Participant Education, Training and Advocacy Supports		
Recommendation	Dept. Response	Dept. Comment
Recommendation to exam the 10 hours per participant per year limitation	Accepted	The DDA will monitor service request and utilization of this service for consideration of adjustments to the limit in a future amendment.
Personal Supports		
Recommendation	Dept. Response	Dept. Comment
1. Recommendations to have safeguards in place for	Clarification	Appendix E-1: Overview f. Participant Direction by a

<p>participants that self-direct their services to make sure that the authority of the participant is maintained and their rights are not violated when using a designated representative.</p>		<p>Representative - includes safeguards to ensure that the representative functions in the best interest of the participant as noted below:</p> <p>A participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) may authorize a non-legal representative to direct services on their behalf as documented in the participant's Person-Centered Plan (PCP).</p> <p>To ensure the use of a non-legal representative to direct services is in the best interest of the participant, the following criteria must be documented in the participant's PCP:</p> <ol style="list-style-type: none"> 1. Choice of individual truly reflects the participant's wishes and desires; 2. The provision of services by the non-legal representative is in the best interests of the participant; 3. The provision of support by the non-legal representative is appropriate and based on the participant's identified support needs; and 4. A Designated Representative form that establishes the non-legal representative to direct services on the participant's behalf is completed in accordance with applicable federal and State laws, regulations, and policies governing the program.
<p>2. Recommendations that the role of the designated representative should be to assist the participant in directing his or her own services and designated</p>	<p>Clarification</p>	<p>The DDA has established a service delivery model in which a participant may direct his or her own services or appoint a legal guardian or designated</p>

representative should be required to demonstrate that they are working with the participant to develop skills to direct their services to the maximum extent possible.		<p>representative to direct on their behalf known as the Self-Directed Service Model.</p> <p>Legal guardians and designated representation are responsible to act on behalf of the participant as the employer of record. They are supporting the person in directing his or her own services and should be working with the participant to develop skills to direct their services to the maximum extent possible.</p>
3. Recommendation to support people with personal support services whether they are habilitative or non-habilitative.	Clarification	<p>Personal support services are distinct from Medicaid State Plan services as they are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities.</p> <p>Personal care assistance services can be provided during in-home skills development and community activities when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring.</p>
4. Recommendation to revise language to read “Participant needs support for community engagement (outside of meaningful day services) or home skills development or maintenance.”	Not accepted	Service Definition B. currently reflects maintenance of skills - "Personal Supports services assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence."
5. Recommendation that Transportation be a separate line item and anyone that is a caregiver should be able to paid for transporting participants to any of their	Clarification	Transportation supports are a component of some meaningful day, support, and residential services including Personal Supports and Community Development Services. Payment for transportation

		<p>functional abilities.</p> <p>People that have a medical need for overnight supports may receive services under the Medicaid State Plan Community First Choice Program.</p> <p>People currently approved for overnight supports are being reviewed by the regional office and State funding can be authorized to protect the person's health and welfare based on assessed need.</p>
<p>7. Recommendation that the DDA reconsider its position that personal care may not comprise the entirety of the service</p> <p>Personal care services offered under CFC are limiting -- no community inclusion, self-direction option, and the pay rate is lower. Until this is remedied, participants should be able to retain personal supports whether they are habilitative in nature or not.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Personal support services are distinct from Medicaid State Plan services as they are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities. Personal care assistance services can be provided during in-home skills development and community activities when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring.</p> <p>Community First Choice services includes personal assistance services to provide assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), emergency back-up systems, supports planning, transition services, and items that substitute for human assistance. These services can support individuals in their home, community, and employment. The program is also expanding to</p>

		offer a new self-directed option.
8. Concerns related to having people with disabilities provide an exact schedule of how their personal supports are considered habilitative is not person centered.	Clarification	<p>The Department requests information related to the habilitative goals the person is seeking to achieve with personal supports and the type of support (e.g. teaching, modeling, personal care, etc.) needed in order to identify the appropriate services and programs to meet the assessed needs.</p> <p>The schedule is an approximate, individualized, schedule that should be developed to provide an estimate of what the individual will do and what type of assistance is needed in order to ensure the appropriate level of services are authorized to meet the assessed needs. Updates should be made as needed to meet the changing needs, desires and circumstances of the individual. We understand that life happens and this is an estimate.</p>
9. Concerns that the current definition and DDA's interpretation of the definition too narrowly defines habilitation supports and concerned with the elimination of overnight supports, which are putting the health and safety of many participants at risk.	Clarification	<p>Personal support services are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities.</p> <p>People that have a medical need for overnight supports may receive services under the Medicaid State Plan Community First Choice Program.</p> <p>People currently approved for overnight supports are being reviewed by the regional office and State funding can be authorized to protect the person's health and welfare based on assessed need.</p>
10. Recommendation to work with DRM to rewrite the	Clarification	The DDA works with various stakeholders

definition of Personal Supports that accommodates the needs of waiver participants.		including DRM related to the service delivery system and considers all recommendations.
11. Recommendation to reword Service Requirement F to read: <i>Personal Supports are available at any time needed by the participant when not receiving under another service definition or another non-DDA provider, such as DORS or school.</i>	Clarification Not accepted	The DDA reworked the language during the Amendment # 1. To clarify service options the following language will be added related to when they are available. “During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided.
12. Recommendation that the 82 hours cap, coupled with the 40 hour cap on Meaningful Day Services, leaves a gap in available supports of 46 hours each week. Individuals in self-direction need to have the same support coverage options as individuals receiving services from traditional providers. <i>ADD “With the exception of individuals self-directing their services,” to #2 under the “Specify applicable (if any) limits on the amount, frequency, or duration of this service.”</i>	Clarification Not accepted	The DDA Waiver programs include various service options from drop in home supports to full residential service in a licensed site. Each person’s person-centered plan provides a picture of the person’s self-identified Good Life, and includes various focus area exploration topics such as employment and housing. Based on the information that comes out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports,

		<p>technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.</p> <p>Authorized services are based on an assessed need and waiver service requirements as noted in the approved waiver applications.</p> <p>The current language notes <i>"Personal Support services are limited to 82 hours per week unless otherwise pre-authorized by the DDA."</i> Services above the 82 hours can be authorized based on assessed need regardless of service delivery model chosen.</p>
13. Recommendation to include the new "enhanced personal supports" category discussed in the Main/Appendix A section of the waiver changes. It seems like it should be part of the definition in this section of the waiver as well (much like additions to Shared Living) not just in the changes section and Appendix F with the additional payment rate.	Clarification	<p>The current service descriptions notes staffing is based on level of service need. Therefore no changes will be made to the service description as level of service need. An enhanced rate will be used for people with complex health or behavioral assessed need.</p>
14. Service Requirement Q -- Remove the added language: "with the exception of disability specific classes, activities, events, or programs."	Clarification	<p>The DDA will revise the specific language to read:</p> <p><i>"Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes"</i></p>

		<i>and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan."</i>
15. Recommendation to include a simple criteria for who can access the "enhanced personal support services". A simple criteria such as a person with a behavior support plan or a need for specific medical treatments during service hours is recommended.	Accepted	The following criteria will be used for participants to access enhanced personal supports: <ol style="list-style-type: none"> <i>1. The participant has an approved Behavioral Plan, and/or</i> <i>2. The participant has a Health Risk Screening Score of 4 or higher.</i>
16. Recommendation to allow personal support services in a licensed site. Individuals develop friendships or have other family members who receive residential services and invite them for dinner or other activities at their licensed site. Individuals may also need support to access therapies which are located at a licensed site using personal support services.	Not accepted	This would be a duplication of services as supports are provided in licensed sites.
17. Comment that personal support services need to be allowed for overnight hours when a person requires this level of support and a family member cannot provide it.	Clarification Not accepted	Personal support services are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities.

		<p>People that have a medical need for overnight supports may receive services under the Medicaid State Plan Community First Choice Program.</p> <p>People currently approved for overnight supports are being reviewed by the regional office and State funding can be authorized to protect the person's health and welfare based on assessed need.</p>
18. Comment that personal support services needs to be allowed to occur in a variety of activities in the community with people with and without developmental disabilities. The exclusion criteria in amendment 2 should be removed.	Clarification	<p>The DDA will revise the specific language to read:</p> <p><i>"Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan."</i></p>
Remote Support Services		

Recommendation	Dept. Response	Dept. Comment
Not Applicable		
Respite Care Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that respite services include an enhanced form of the service. People who must have a behavior plan, medication or other medical procedures implemented during respite hours require a higher level of staff training and more specialized arrangements to deliver the service safely.	Clarification Not accepted	Respite is short-term care intended to provide both the family or other primary caregiver and the participant with a break from their daily routines. The DDA contracts with independent community organizations for behavioral respite services. Amendment #2 include the addition of an enhanced personal support model and rate to support people with medical or behavioral complexities.
2. Recommendation to clarify when respite service day is billed versus an hour and whether days and hours can be used contiguously.	Clarification	A daily rate is billed when services are provided in a licensed residential site. An hourly rate is used when services are provided in the participant's home or non-licensed respite provider's home up to 24 hour in a day. A person's person-centered plan can include both daily and hour respites services up to a total of 720 each plan year based on assessed need.
Shared Living		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to add service as one available for budget authority under self-direction and remove the requirement that the host family/home be located and	Not accepted	To ensure qualified providers, this service is not available under the self-directed service delivery model.

paid through a licensed provider.		
2. Recommendation to add to Service Requirement A. <i>OR services provided in the home of a non-parent family home (such as, but not limited to, a sibling or cousin) that has been freely selected by the participant to serve as his/her "host home."</i>	Not accepted	This service is designed to support participants who does not have family or relative supports. Participant interested in living with relatives can receive other supports in the home including Community First Choice and personal supports.
3. Recommendation to remove "Participant does not have family or relative supports." from Service Requirement I.	Not accepted	This service is designed to support participants who does not have family or relative supports.
4. Recommendation to revise language to read: As defined in Appendix C-2, an individual's spouse or parent may not be paid either directly or indirectly to provide this service to remove references to legally responsible persons or legal guardians of adult participants and relatives.	Not accepted	This service is not designed for legally responsible persons or legal guardians to provide supports.
5. Recommendation related to Service Requirement R: to remove the added language: "with the exception of disability specific classes, activities, events, or programs."	Clarification	The DDA will revise the specific language to read: "Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the

		choice must be documented in the person-centered plan.”
6. Recommendation to edit Service Requirement A. to include “OR services provided in the home of a relative (excluding the home of the individual’s parent) that has been freely selected by the individual to serve as his/her “host home.”	Not accepted	This service is designed to support participants who does not have family or relative supports. Participant interested in living with relatives can receive other supports in the home including Community First Choice and personal supports.
7. Recommendation to remove from Service Requirement D. add the word “frequent” as a qualifying for medical appointment intensity. It is possible for a person to have challenging behaviors that require multiple interventions from staff per week. The individual may have behavioral episodes that are intense that require intervention from staff with a higher level of skills than Level 1, but they may not have frequent medical appointments. Making this change to clarify that a person may have a need for “frequent behavioral interventions OR frequent medical appointments” would alleviate this concern.	Not accepted	The current requirements include consideration for people that may require moderate assistance due to displaying challenging behaviors requiring a behavior plan. The DDA will issue guidance related to this service.
8. Recommendation that family members, other than parents, should be able to support their loved ones through DDA funded service models such as shared living.	Clarification Not accepted	This service is designed to support participants who does not have family or relative supports. The DDA has several residential support models to include personal supports where relatives may be able to support the person.
9. Recommendation related to Service Requirement I. to remove the requirement that “Participant does not have family or relative supports.”	Not accepted	This service is designed to support participants who does not have family or relative supports.

Support Broker		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation to revise Service Definition A. to read: <i>Support Broker Services are employer authority and budget authority information, advice, and assistance provided to a participant and his/her family and team so that the participant/family/team are able to make informed decisions about what service design and delivery will work best for the participant, is consistent with the</i></p> <p><i>participant's needs, and reflects individual circumstances. The support broker also provides information, advice, and assistance with day-to-day management of the participant's self-direction plan.</i></p>	Not accepted	<p>Support Broker Services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget.</p> <p>They support the person by providing information, coaching, and mentoring. They also assist the person is developing skills and various strategies.</p> <p>Support Brokers do not make decisions for the person. They can not serve perform employer or budget authority tasks as this would be a conflict of interest and would make them a joint employer.</p>
<p>2. Recommendation to add: <i>Initial startup and plan development</i></p>	<p>Clarification</p> <p>Not accepted</p>	<p>Support broker services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. It includes information, coaching, and mentoring related to roles and responsibilities and functioning as the common law employer and assistance in learning skills (e.g., hiring, managing and terminating workers, problem solving, conflict resolution) and developing</p>

		<p>agreement, strategies to manage and oversee services.</p> <p>Initial start up is a term used to refer to the initial information, coaching, and mentoring related to roles and responsibilities and functioning as the common law employer and assistance in learning skills (e.g., hiring, managing and terminating workers, problem solving, conflict resolution) and developing agreement, strategies to manage and oversee services. The coordinator of community services facilitates and assists with the development of the person-centered plan.</p>
<p>3. Recommendation to add to Service Definition D: <i>Assume responsibility for duties designated to the support broker by the participant/team as delineated on the Participant Services Agreement signed by all team members (See Appendix E).</i></p>	<p>Clarification</p> <p>Not accepted</p>	<p>Support broker services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. It includes information, coaching, and mentoring related to roles and responsibilities and functioning as the common law employer and assistance in learning skills (e.g., hiring, managing and terminating workers, problem solving, conflict resolution) and developing agreement, strategies to manage and oversee services.</p>
<p>4. Recommendation to add to Service Definition E: <i>Support Brokerage differs significantly from Case Management or Resource Coordination in its intensity, frequency, level of detail and personal advocacy involved in the service.</i></p>	<p>Clarification</p> <p>Not accepted</p>	<p>This statement can be applied to all services as the intensity, frequency, level of detail and personal advocacy involved in the service is unique to each person and level of service need.</p>

<p>9. Recommendation to add to Service Definition F: <i>Support Broker can serve as the primary advocate for the individual in regard to self-directing his/her plan if requested to do so by the participant and the team.</i></p>	<p>Clarification</p> <p>Not accepted</p>	<p>People have the choice to select individuals from their support network as their primary advocate. The State will not mandate a particular service provider.</p>
<p>10. Recommendation to revise Service Requirement I: to read: <i>Additional assistance, coaching, and mentoring may be authorized based on demonstrated need for plan supports for any reason, including changes in participant's health or medical conditions, staffing and support issues, or complexity of plan.</i></p>	<p>Clarification</p> <p>Not accepted</p>	<p>The waiver currently notes "Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there are significant changes in the participant's health or medical situation."</p>
<p>11. Recommendation to allow Support Brokers to bill for providing assistance with both employer authority and budget authority tasks. Such assistance should be unduplicated with what is provided by the CCS, identified as needed in the PCP, based on participant's choice and need, and not be capped at 4 hours per month, but rather be based on a person's need for support.</p> <p>Recommendation to revise Service Definition A (Page 152) to read: Support Broker Services are employer authority and budget authority information, advice, and assistance provided to a participant and his/her family so that the individual is able to make informed decisions to support their ability to self-direct their services. The support broker may also provide information, advice, and assistance with day-to-day management of the participant's self-directed plan.</p>	<p>Not accepted</p>	<p>Support Broker Services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget.</p> <p>They support the person by providing information, coaching, and mentoring. They also assist the person is developing skills and various strategies.</p> <p>Support Brokers do not make decisions for the person. They can not serve perform employer or budget authority tasks as this would be a conflict of interest and would make them a joint employer.</p>

12. Recommendation to revise Service Definition B. to read: Information, coaching, mentoring, and assisting participant about and with: [List of Items remains the same]	Not accepted	Service definition B includes details about the type of information, coaching, and mentoring. Adding these tasks to services definition B will create conflicts with the scope and intent of the service.
Supported Employment		
Recommendation	Dept. Response	Dept. Comment
1. Volunteering should be placed under Supported Employment and not Community Development Services.	Clarification Not accepted	<p>The DDA agrees and supports volunteerism as a proven path to gain work related experience. Long-term volunteerism (outside the scope of time-limited Discovery) is currently supported under Community Development Services and Day Habilitation, or through the time-limited Career Exploration.</p> <p>Volunteering was removed from the scope of Supported Employment prior to the 2018 renewal application. This change was made based on the Centers for Medicare and Medicaid Services (CMS) guidance that “Supported employment and individual employment supports do not include volunteer work. Such volunteer learning and training activities that prepare a person for entry into the paid workforce are addressed through pre-vocational services.” (Reference: CMCS Informational Bulletin “Updates to the §1915 (c)</p>

		Waiver Instructions and Technical Guide regarding employment and employment related services “ dated September 16, 2011 page 10. Link to memo: https://dda.health.maryland.gov/Pages/Developments/2015/Attachment%203%20CIB-09-16-2011.pdf)
2. Recommend that current text stating that individuals who previously received “group” supports under Supported Employment and transition to Career Exploration be amended to add “or Ongoing Job Supports as appropriate on a case-by-case basis.”	Clarification Not accepted	Follow Along Job Supports and Ongoing Job Supports are designed to support Competitive Integrated Employment (CIE). Therefore people receiving small or large group supports would not meet this criteria.
Supported Living		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to edit the definition to allow a married couple who both receive supports, a parent who receives supports and their child, and siblings who both use supports to also utilize Supported Living services.	Clarification Accepted	The current language reflects that "A participant can share his or her home with another individual (who may be a participant as well) who is his or her spouse, domestic partner, or significant other, they may share a bedroom if they choose." The DDA will revise the language as noted in red below to reflect: "A participant can share his or her home with another individual (who may be a participant as well) who is his or her spouse, domestic partner, <i>their child, siblings</i> , or significant other, they may share a bedroom if they choose."

<p>2. Recommendation that the definition of supported living be modified in a way that allows individuals who self-direct to utilize this service with employment and budget authority.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Participants using the self-directed service delivery model have budget authority related to this service.</p> <p>The DDA has established specific expectations and provider qualification requirements this service for which the provider must be DDA-certified.</p>
<p>3. a. Recommendation to remove “with the exception of disability specific classes, activities, events, or programs.”</p> <p>b. Individuals in supported living should be allowed to engage in activities in the community with people with and without disabilities. The language excluding certain events, activities and programs needs to be deleted.</p>	<p>Clarification</p>	<p>The DDA will revise the specific language to read:</p> <p><i>"Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan."</i></p>
<p>4. Recommendation to add to the definition of the new “enhanced supported living” category discussed in the Main/Appendix A section of the waiver changes. It seems like it should be part of the definition in this section of the waiver as well (much like additions to Shared Living) not just in the changes section and Appendix F with the additional payment rate.</p>	<p>Clarification</p>	<p>The current service descriptions notes staffing is based on the participant's level of service need as documented in his or her Person-Centered Plan. The new detail service authorization of the plan lists dedicated support options. Therefore no changes will be made to the service description as level of service need.</p>

Transition Services		
Recommendation	Dept. Response	Dept. Comment
Recommendation to support anyone moving into residential services. The one time only funding for furnishings appears not to be allowed for those moving from family homes into community living or enhanced living. It is not clear why someone moving from an educational residential placement to community living would be eligible for this funding or people moving into supported living are eligible for it. If a family member has money and gives money to an individual, this income will potentially reduce the person's SSI. This lack of one time only funding will be an obstacle to obtaining community living services for those with financial need. If this is not allowed under the waiver, the state needs a state only source for this funding.	Clarification	<p>As per the CMS waiver technical guide <i>“Community Transitions Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.”</i></p> <p>CMS instructed the State to revise the waiver renewal service definition to delete the option to support the services being provided when a person transitions from “another community residential setting that provides more independent living according to the individual’s needs and preferences.” They noted these services are not designed to pay for an individual to move from one group home to another group home. (Reference: <u>Federal Questions and Responses on Waiver Submission – May - June 2018</u> https://dda.health.maryland.gov/Documents/Federal%20Questions%20and%20Responses%20on%20Waiver%20Submission%20%E2%80%93%20May%20-%20June%202018%20.pdf page 13)</p>

service position to “professional”.		application.
4. Recommendation to include a definition for the term “Accessing Mobility”. Please include definition of this term.	Accepted with amendment	Clarification regarding “accessing mobility” will be included in service guidance.
5. Comment to clarify if the waiver restricts self-directing participants from reimbursing paid staff for mileage, when the staff member’s vehicle is used to provide qualified services under Community Development and Personal Supports services and other waiver services where similar language appears. Reimbursement to staff for service incurred mileage should not be part of the staff hourly wage rate.	Clarification	Some waiver services such as Community Development services and Supported Employment currently include both staff support and transportation within the scope of the services. People self-directing can designate funding, wage rates, and benefits on their self-directed budget including transportation reimbursement. Transportation reimbursement is separate from the staff wages.
6. Comment that Transportation is included in some services and not in others which may create unnecessary complexity, and administrative expense to track.	Clarification	DDA’s services such as Meaningful Day (e.g. Community Development Services, Supported Employment, etc.) and residential services (e.g. Community Living - Group Home,, etc.) include both staff support and transportation within the scope of the services as they have done historically. In 2020, Personal Supports will also include transportation as a component of the service.
Vehicle Modification		
Recommendation	Dept. Response	Dept. Comment
Comment to clarify whether funding is allowed to be used to modify a staff-owned vehicle that is used for participant transportation.	Clarification	Vehicle modifications are adaptations or alterations to a vehicle that is the participant’s primary means of transportation.

Appendix E - Participant Direction of Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation: On page 1, add OR to the following sentence "The DDA has established a service delivery model in which a participant may direct his or her own services or appoint a legal guardian <i>OR</i> designated representative to direct on their behalf known as the Self-Directed Service Model."	Accepted	<p>The Community Pathways Waiver currently reflects this language.</p> <p>The DDA will align and revise the Family Supports Waiver and Community Supports Waiver sentence to reflect "The DDA has established a service delivery model in which a participant may direct his or her own services or appoint a legal guardian <i>or</i> designated representative to direct on their behalf known as the Self-Directed Service Model."</p>
2. Recommendation that that participants self-directing services should have budget and employer authority for behavioral support services as long as the person identified has the appropriate credential. A person receiving services should not be required to go through a provider agency this also applies to assistive technology and employment discovery and customization; while certain services may be time-limited in nature allowing those in self-direction to have budget and employer authority would not only encourage choice and control for people with disabilities it would also increase the versatility of our workforce making this a more attractive field for people to enter.	<p>Clarification</p> <p>Not accepted</p>	<p>Participants self-directing services have budget authority for these services.</p> <p>The DDA has established specific professional standards and training requirements associated with these services and therefore the employer authority option is not available.</p>
3. Recommendation for participant's self-directing services should have budget and employer authority for transportation services	<p>Clarification</p> <p>Not accepted</p>	Participants self-directing services have budget authority for these services.

		The DDA has established specific professional standards and training requirements associated with these services and therefore the employer authority option is not available.
4. Recommendation to add Support Broker to section iii. Scope of FMS; Other Item "6. preparing and distributing reports (e.g., budget status and expense reports) to participants, their CCS, DDA, and Support Broker, if applicable), and other entities as requested."	Not accepted	The participant determines the level and extent of supports they would like to receive from their Support Broker. The participant can decide if they want reports shared with their Support Broker.
5. Comment that family and spouses should be eligible for employment under the same standards as other people in the community including overtime wages. Providing the level of care in these services for adult participants is beyond the legal obligations of family and spouses.	Clarification	<p>The Center for Medicare and Medicaid Services (CMS) policy is that payments for personal care or similar services delivered by legally responsible individuals (as defined in state law but typically the parent of a minor child or a spouse) are not eligible for Federal financial participation. Reference: (Reference: CMS Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019], Instructions, Technical Guide and Review Criteria, Release Date: January 2019 page 108). Link: https://www.nasddds.org/uploads/documents/Versio n3.6InstructionsJan2019.pdf</p> <p>The Waiver programs include several services for which a relative can provide supports as noted in Appendix C.</p>
6. Recommendation to add something to allow staff paid leave time while paying backup staff. This reduces the risk of illness or gap in coverage by giving staff the	Clarification	Under the self-directed services delivery model, designated service includes the option to provide staff benefits and leave time subject to the following

incentive or ability to remain at home while contagious or facing a personal crisis that would jeopardize their ability to adequately perform duties.		<p>requirements:</p> <ol style="list-style-type: none"> 1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws; 2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State or local laws; and 3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.
7. Comment that "preference for Self-direction to ensure safety of loved ones."	Clarification	The CCS with input from the team shares information with the participant about the rights, risks, and responsibilities of managing his/her own services and managing and using an individual budget. This process is documented with the Self-directed Services Agreement to indicate the participant, legal guardian, or his or her designated representative (as applicable) is capable of making informed decisions such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authorities.
8. Comment that "Beyond the "optional" nature, DDA has also limited support broker services to do so little that this amendment effectively puts support brokers out of business. This virtual elimination of support brokers will leave us in a position with the theoretical ability to	Clarification	People choosing the self-directed services delivery model are responsible as the employer of record to direct his or her own services or appoint a legal guardian or designated representative to direct on

<p>find staff to work with a [family member], but no practical ability to do so.”</p>		<p>their behalf known.</p> <p>The person or their appointed legal guardian or designated representative are responsible for finding, interviewing, hiring, setting wages, training, scheduling, approving timesheets, evaluating the quality of services provided, and firing staff.</p> <p>Support Broker Services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. They support the person by providing information, coaching, and mentoring. They also assist the person is developing skills and various strategies such as finding staff, etc..</p> <p>People self-directing their services can also assess can access Individual and Family Directed Goods and Services dedicated funding up to \$500 that participants may choose to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.</p> <p>There were no changes to the scope of the Support Broker services within Appendix C.</p>
<p>9. Recommendation to restore waiver components needed to ensure Independence Plus Designation.</p>	<p>Clarification</p>	<p>The DDA is committed to participant direction. Self-determination and self-direction are priorities. During the initial review of the waiver renewal,</p>

		CMS directed the State to unselect this designation due to some services only being available under the traditional service model.
10. Concern about any situation in which a designated representative (DR) could be required.	Clarification	People choosing the self-directed services delivery model are responsible as the employer of record to direct his or her own services or appoint a legal guardian or designated representative to direct on their behalf known. A designated representative is not required and is an option a person can choose.
11. Recommendation to revise E-1a(c) Support by Entities for Participants in the Self-Directed Service Model regarding support broker roles with wording to the effect of: <i>Support Broker services are offered as an optional services to participants who elect to self-direct their own services. Support Brokers provide assistance by mentoring and coaching the participant on his/her responsibilities as a common law employer related to staffing as per federal, State, and local law, regulations, and policies. Support broker services are designed to assist participants with the management of their day-to-day services and assist the individual to gain skills necessary to manage their own services. This can include all activities described in Section C1/C3 of Appendix C in Support Broker Service Definitions B & C as designated or needed by the participant. Support Brokers do not make any decisions for the participant/Employer of Record nor hire or fire workers.</i>	Clarification Not accepted	<p>Support broker services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. It includes information, coaching, and mentoring related to roles and responsibilities and functioning as the common law employer and assistance in learning skills (e.g., hiring, managing and terminating workers, problem solving, conflict resolution) and developing agreement, strategies to manage and oversee services.</p> <p>Support brokers are a support service. They do not “assist participants with the management of their day-to-day services.” They do not make any decisions for the participant, manage budgets, review and sign off on service delivery, establish budgets, or hire or fire workers.</p>

12. Recommendation to make Fiscal Management Services a waiver service to allow participant the choice from as many providers who wish to provide this service.	Not accepted	Financial Management Services (FMS) have historically and will continue to be provided as an administrative service.
13. Recommendation to include the option for individuals in residential programs that support fewer than four participants to have the ability to self-direct other services for E-1 c. Availability of Participant Direction by Type of Living Arrangement.	Clarification Not accepted	Participant direction opportunities are available for individuals who live with other individuals under a lease. This provides flexibility to consider different options including services provided under the waiver's supported living service. The second option includes living arrangements that can be "funded" under difference sources which may not meet the federal's community settings requirement in order to receive services under the waiver.
14. Recommendation to offer employer authority in E-1 g. Participant-Directed Services for Employment Discovery and Customization and Supported Living.	Not accepted	The DDA has established specific professional standards and training requirements associated with these services and therefore this options are not available.
15. Recommendation to offer budget authority for Shared Living as a service that can be participant-directed..	Not accepted	The DDA has established specific professional standards and training requirements associated with these services and therefore this options are not available.
16. Recommendation related to E-1 i. Provision of Financial Management Services to check that this is a waiver service instead of an administrative activity and adjust the rest of this section as needed as a result of this change, such as creating a Service Definition in Appendix C.	Not accepted	Financial Management Services (FMS) have historically and will continue to be provided as an administrative service.
17. Recommendation related to E-2. b.iv. Participant	Clarification	The Waiver application template for this item is

<p>Exercise of Budget Flexibility to check the box that indicates: The participant has the authority to modify the services included in the participant-directed budget without prior approval.</p> <p>Put the following specifications in the next box. <i>Participants may move funds among line items or increase the rate of services for line items so long as the changes do not pose a risk to health and safety, as verified by the signature on a budget modification document signed by the TCM. Participants wishing to add a new service to the PCP must submit plan and budget modifications to DDA for approval after signed by the participant (or their legal guardian), the support broker (if involved) and the TCM, whose signature assures that the change does not put the participant's health and safety at risk.</i></p>	Not accepted	<p>provides two options to check and does not support the entry of additional language or details.</p> <p>To support payment of qualified providers, a modification is needed in the PCP. The options selected states the modifications to the budget must be preceded by a change in the service plan. For current services, a budget modification form will be used which is a change in the plan. Not all changes need to be approved by the DDA; however they do need to be included in the PCP for authorization of payment. Further guidance will be provided by the DDA.</p>
<p>18. Recommendation for E-2.bv. Expenditure Safeguards to not delete the Support Broker from the list of individuals who will monitor funds and receive monthly supports.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>The participant determines the level and extent of supports they would like to receive from their Support Broker (based on Appendix C) to include if they would like any coaching or mentoring related to monitoring their budget and reports.. The participant can decide if they want reports shared with their Support Broker.</p>
<p>19. Recommendation to add definition for Designated Representative in the waiver amendment.</p>	Accepted with amendment	<p>The DDA will explore defining designated representative in regulations and also include in service guidance.</p>
<p>20. Recommendation to consider giving self-directing participants both employer and budget authority for all</p>	Clarification	<p>To support participants' health and safety and ensure qualified providers, the DDA has established</p>

services in which self-directing service method may be used.	Not accepted	specific professional standards, training requirements, and provider qualification requirements associated with each waiver services and therefore the employer and budget authority options are not available for some services.
C, I		
Recommendation	Dept. Response	Dept. Comment
<p>1. Comment that “the rates proposed in Amendment 2 for community living are not affordable in likely DDA budgets. People with less intensive needs would receive large increases in funding as would those with one to one support needs. DDA will either determine a formula that reduces funding for all, or systematically not approve the one to one support needed by those with intensive needs. The result will be eventually a lack of service to those with high support needs, and increased funding for those with less need. Without a funding mechanism to compensate for acuity factors other than more staff hours, the funding system is unfair and does not promote health and safety for all participants.</p> <p>The rate structure does not adequately clarify how funding will be allocated for a person living alone who requires one to one staff support. The base rate for one person is significantly lower than if the one to one designated staff rate is applied. Further, it is unclear how the funding for a person who is living with another person who requires one to one staff support will work. By default, this person will receive one to one staff support, but the base rate would be insufficient to cover this cost. The rate structure incentivizes larger</p>	Clarification	<p>Amendment #2 includes rates associated with dedicated supports to support the transition into the new fee for service payment methodology.</p> <p>The DDA is working with an independent consultant and the Provider Tech Group with the ongoing process of the new rate development, validation, and verification.</p> <p>The DDA will be sharing with stakeholders the updated information once the verification and validation process is completed and as part of Waiver Amendment #3.</p>

groupings of individuals to live together, which is not the stated goal of DDA or most people's preference."		
2. Comment that "the rate structure as proposed in amendment 2 will incentivize one to one staff support, and significantly reduce funding for individuals who are independent at work. The follow along rate needs to be increased significantly to better align with current funding levels."	Clarification	<p>The DDA is working with an independent consultant and the Provider Tech Group with the ongoing process of the rate development, validation, and verification.</p> <p>The DDA will be sharing with stakeholders the updated information once the verification and validation process is completed and as part of Waiver Amendment #3.</p>
<p>3. Comment that the "loss of the add on for transportation of persons with wheelchairs is not adequately replaced by the percent in the brick for services that include transportation. The percent is also not sufficient for the increased expectation that people will be transported out in the community daily multiple times.</p> <p>For people in rural areas without public transportation and for those with intensive needs not able to use public transportation safely even with staff support, there needs to be a funding source for the purchase of vehicles, or a state only funding source. For decades, a down payment of up to \$5000 was allowed, and this enabled providers to develop fleets of vehicles. The lack of this funding for the past few years has been a reduction in funding that cannot be sustained without a reasonable replacement source."</p>	Clarification	<p>Transportation to and from and within this service is included within the services and rate.</p> <p>Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.</p> <p>The DDA is working with an independent consultant and the Provider Tech Group with the ongoing process of the rate development, validation, and verification.</p>
4. Comment that "Hourly and partial hourly billing units	Clarification	The DDA is working with an independent

<p>need to include a system for rounding that is reasonable. A rounding policy similar to that of CCS would allow a provider to round up if more than 50% of the unit was provided, and round down if less than half was provided. Without a system for rounding, providers will develop their own policies to manage unbillable units. These strategies will result in more rigid and less flexible services for people, and less ability to adjust and create spontaneous solutions to changes throughout the day and unit of service.</p> <p>There is no geographic differential listed in the amendment. DDA has agreed to include a differential for certain counties.</p> <p>The rates will result in significant changes in funding for people from current funding.”</p>		<p>consultant and the Provider Tech Group with the ongoing process of the rate development, validation, and verification.</p> <p>The DDA will be sharing with stakeholders the updated information once the verification and validation process is completed and as part of Waiver Amendment #3.</p>
<p>5. Comment that information provided in Appendices C, I, J does not align completely service by service, and some information provided to the Technical Workgroup and in public documents conflicts with information in the current draft of Waiver Amendments 2. It is not clear which of these conflicting policies will prevail, making it challenging to comment.</p>	Clarification	<p>The DDA agrees there are discrepancies between the JVGA report, the waiver documents, and services for which agreements have been made. This is due to the ongoing process of the rate development and the need to submit an amendment to include all services so the pilot for LTSS can proceed. The timing of these activities are not in alignment. For this reason, DDA intends to submit another waiver amendment when the rates have been finalized.</p>
<p>6. Recommendation that further data analysis and consideration of these issues, and continued refinement of the Day Habilitation rate structure, prior to finalizing this rate methodology in the Waiver.</p>	Clarification	<p>The final rate components will be shared and noted in Amendment #3.</p>

7. Recommendation that differences between the Personal Supports BRICK components for the two services (regular and enhanced) include the BLS wage and training, and there should be further consideration of whether program support in personal supports warrants a different percentage to address acuity.	Clarification	The final rate components will be shared and noted in Amendment #3.
Appendix J - Cost Neutrality Demonstration		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that day/employment services be billable in 15 minute increments so they best align with real life which doesn't stop and start at the top of the hour.	Accepted with amendment	The DDA will explore with stakeholders changing service meaningful day services being billed in 15 minute increments.
2. Recommendation that DDA provide an updated "BRICK" table (as was originally published in November 2017) with the current percentage weighting for each component of each service and assumed BLS wage and trends, along with supporting documentation regarding the data, methodology and assumptions used, would allow for transparency, help stakeholders understand the calculation behind each rate, and offer an opportunity to "double-check" for consistency across all documentation.	Accepted	The DDA will be sharing with stakeholders the updated information once the verification and validation process is completed and as part of Waiver Amendment #3.
Other		
Recommendation	Dept. Response	Dept. Comment

1. Recommendation to offer a second public comment period with the finalized rate methodology and alignment of major policy elements and the outstanding analysis yet to be completed,.	Not accepted	The DDA will be sharing with stakeholders the updated information once the verification and validation process is completed and as part of Waiver Amendment #3.
2. Comment that changing the definition of community to no longer include a person's own home are overly restrictive and dangerous.	Clarification	Several services can be provided in the person's own home.
3. Request to postpone the submission of Amendment # 2 so those involved have more time to submit input.	Not accepted	<p>The DDA partners with people in services, self-advocates, family members, service providers, advocacy organizations, and subject matter experts to enhance services and supports for Marylanders with developmental disabilities. This partnership includes working with various groups related to employment, self-direction, supporting families, person-centered planning, coordination of services, supporting children, training, system platforms, and rates.</p> <p>The DDA also shares information and overviews of the waiver and services for various groups. These events provide opportunities to obtain additional information, input, and recommendations from participants that can influence waiver services, policies, and procedure changes.</p> <p>In addition, the stakeholders have the opportunity to share input during the official 30 day public comment period.</p>
4. Recommendation that the DDA "adopt a "hold-harmless" policy to assure participants that they will not experience a sudden loss of services and assure	Clarification	The DDA is working with an independent consultant and the Provider Tech Group with the ongoing process of the rate development, validation,

providers that their total annual funding will be at a minimum no less than the total annual funding of FY2020.”		<p>and verification.</p> <p>The DDA will be sharing with stakeholders the updated information once the verification and validation process is completed and as part of Waiver Amendment #3.</p>
5. Recommendation that reasonable activity costs need to be included in Day Hab, CDS, Personal Support, and Community Living.	Not accepted	<p>Medicaid home and community based service waivers can include a broad range of health and health-related services, social and supportive services, and individual supports. Social and supportive services related to social and recreational programming. They do not pay for activity cost.</p> <p>The DDA will continue to encourage and recommend that people engage in community activities that are free or use their personal funds. The DDA will not pay for admission food, or tuition cost for the person or their staff.</p> <p>Resources related to free events include: https://washington.org/free-things-to-do https://weta.org/local/calendar https://www.eventbrite.com/d/md--baltimore/free--events/</p>
6. Recommendation that the Technical Provider group be engaged with DDA much more frequently to ensure ongoing discussion of rates and systems change issues.	<p>Clarification</p> <p>Accepted</p>	<p>The DDA met with the Provider Technical group when new information was available regarding the rates.</p> <p>The DDA has shared meetings dates and times with representatives.</p>
7. Recommendation that a minimum of ten business	Accepted	The DDA shares and meets with various

days notice for all meetings and webinars that are intended to provide information and opportunities for stakeholder feedback.		self-advocates, family members, providers, and other stakeholders to share information. Information will be shared as soon as possible prior to the meeting/webinar as applicable.
8. Amendment 2, Appendix C references “Attachment 1: Transition Plan” on pages 42 and 54, related to the changes that will occur effective December 1, 2019. This attachment does not seem to be available with the other documents on DDA’s Amendment 2 website, limiting stakeholders’ ability to comment on this aspect of the Waiver.	Clarification	<p>“Attachment 1: Transition Plan” is found within “Purpose of HCBS Waiver Program and Appendix A - Waiver Administration and Operation.” The information can be viewed using this link:</p> <p>https://dda.health.maryland.gov/Documents/Community%20Pathways%20Waiver%20Appendices%202019%20Amendment%202/Community%20Pathways%20Waiver%20-%20Appendix%20A%20Amendment%202%20Track%20Changes%206-14-19.pdf</p>